

Behested Payment Report

A Public Document

COUNTY OF SAN DIEGO Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Cox, Greg

Agency Name

County of San Diego

Agency Street Address

1600 Pacific Highway, Room 335, San Diego, CA 92101

Designated Contact Person (Name and title, if different)

Pamela O'Neil, Chief of Staff

Area Code/Phone Number

619-531-5511

E-mail (Optional)

Pamela.Oneil@sdcounty.ca.gov

BOARD OF SUPERVISORS

Date Stamp

2011 MAY 25 AM 11 04

California Form 803

For Official Use Only

THOMAS J. COX
CLERK OF THE BOARD
OF SUPERVISORS

☐ Amendment (See Part 5)

Date of Original Filing: _____
(month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Ignacio De La Torre, Executive Director, AT & T - External Affairs

Name

101 W. Broadway, Suite 1310

San Diego

CA

92101

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

San Diego County Sheriff's Department

Name

9621 Ridgehaven Ct

San Diego

CA

92123

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: May 24, 2011
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 30,000.00
(Round to whole dollars.)

Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) ☐ Legislative ☒ Governmental ☐ Charitable

Describe the legislative, governmental, charitable purpose, or event: _____

Purchase GPS Enabled cameras for Graffiti Tracker Program

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 05-24-11
DATE

By 
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER